



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>O.H. MATERIALS</b>	Location <b>1004 OSWEGO, ST. UTICA, N.Y.</b>	Date <b>1/9/87</b>										
Facility Equipment <b>1</b>	Detex Clock No. <b>—</b>	Weapon No. <b>—</b>	Holster <b>—</b>	Nightstick <b>—</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>GATE &amp; TRAILER KEYS</b>						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Fealy</b>		Officer—Swing Shift (Name) <b>OTC Del Vecchio</b>		Officer—Grave Shift (Name) <b>COATES, EUGENE</b>							
Shift Began <b>8</b> AM-PM Ended <b>4</b> AM-PM		Shift Began <b>4</b> AM-PM ended <b>12</b> AM-PM		Shift Began <b>12</b> AM-PM Ended <b>8</b> AM-PM									
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation				
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Remarks													
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>													
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	Day Shift	1. <b>Kenneth Fealy</b>			Swing Shift	1. <b>OTC Del Vecchio</b>			Grave Shift	1. <b>Eugene K Coates</b>			
Signatures	2.				2.				2.				
Signatures	3.				3.				3.				

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